

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000100462

FILED  
May 01, 2006  
Secretary of State

Entity Name: SENIOR FIRST HOME HEALTH CARE, INC

## Current Principal Place of Business:

508 N. DIXIE HWY  
#5  
LANTANA, FL 33462

## New Principal Place of Business:

## Current Mailing Address:

508 N. DIXIE HWY  
#5  
LANTANA, FL 33462

## New Mailing Address:

FEI Number: 04-3794700

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BIEN-AIME, LOSAIRE  
206 N. FLAGLER AVE  
POMPANO, FLORIDA, FL 33060 US

## Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: ZEPHIRIN, PEDRO  
Address: 9370 SW 8TH STREET #105  
City-St-Zip: BOCA RATON, FL 33428

Title: D ( ) Delete  
Name: BIEN-AIME, MARC C  
Address: 22030 BOCA PLACE DR. APT 613  
City-St-Zip: BOCA RATON, FL 33432

Title: VP ( ) Delete  
Name: BIEN-AIME, LOSAIRE  
Address: 23395 CAROLWOOD LANE #4106  
City-St-Zip: BOCA RATON, FL 33428

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LOSAIRE BIEN-AIME

VP

05/01/2006

Electronic Signature of Signing Officer or Director

Date